exceedingly unfavorable, takes a more rational view, when he says, (*Insanity*, 1887, p. 177): "Imperfectly developed cases, such in which the disturbance is limited to a slightly strained emotional condition, with a tendency to writing silly and extravagant poetry, and which appear to be merely instances of a pathological intensification or undue prolongation of the ordinary pubescent state, present better prospects." While welcoming therefore every minute clinical study of mental disease, which cannot but help to increase knowledge, those who are struggling with the already over-burdened sub-divisions of classification must regret, as tending to still greater confusion, all attempts at further sub-division, if the cases can be placed under already existing forms, as may easily be done with Kahlbaum's cases of Heboïdophrenia.

Klinische Beiträge zur Melancholie. Prof. E. MENDEL. Allgem. Zeitsch. f. Psychiatrie. Bd. XLVI, H. 4, 1889.

Mendel divides melancholia into three classes. 1. The patients are troubled solely or most strikingly by fear and anxiety regarding the present or future conditions of their own bodies; here the perceptive feelings are almost exclusively concerned; generally there are hallucinations of the muscular feelings, and especially of the organic feelings. This form is almost unanimously called *melancholia hypochondriaca*. 2. The intellectual feelings are especially the ones concerned in the morbid process. The patients say that they have not a single bodily ill; that they should be before a judge and not a physician; that they have sinned against God and their fellow-men. Morbid sesations are present, but play a subordinate part. Here belongs the religious melancholia of the authors. Mendel would call this form *melancholia intellectualis*. 3. Finally, there is a series in which both the perceptive and intellectual feelings are changed by disease, termed by Mendel, *melancholia generalis*. These patients may think that their bodies are destroyed, and all within them destroyed, and that they thereby stand under judgment of God. *Melancholia generalis* usually develops out of primary *melancholia hypochondriaca*, more rarely out of *melancholia intellectualis*.

Melancholia attonita cum stupore is a sub-division of *melancholia generalis* on the conception that *melancholia attonita* is seen to develop itself directly out of intellectual melancholia. Diseased disturbances of the intellectual feelings may be recognized in this condition in many cases through single spoken words or single acts. Here Mendel would promise convalescence with almost certainty. In this form, on the side of the perceptive feelings are important disturbances which are bound up with hallucinations of the muscle feelings, and are the source of the condition of abnormal contractions of the muscles. Experiments in the production of the cataleptic condition in hypnosis point without doubt to the fact that cataleptic stiffness, like the waxy flexibility, is a reflex process from certain muscular feelings.

Analysis of 206 cases of melancholia observed by Mendel gives these results: Hypochondriacal melancholia, 36; intellectual melancholia 116; *melancholia generalis*, 54.

There were 84 men and 122 women as follows:—

MEN.		WOMEN.	
15—20 years	2	10—20 years	10
20—30 "	22	20—30 "	40
30—40 "	16	30—40 "	38
40—50 "	18	40—50 "	16
50—60 "	22	50—60 "	17
60—70 "	4	62 "	1
	84		122

Of the men 8 per cent., and of the woman 2½ per cent. were under 20

years. The disease is especially common between 20 and 30 years of age. In later years it is most frequent in men. Sixty per cent. were hereditarily predisposed, but with no difference as to form. The hypochondriacal form is most favorable for prognosis.

Regarding relapses, there is little given in literature. Krafft-Ebing states that of 100 recoveries, 25 per cent. return to an asylum. Hertz in 67 recoveries from psychoses found 31 relapses (41 per cent.). Mendel found 24 relapses in his 84 men and 46 relapses in 122 women, and is inclined to think that far more than half of those attacked with melancholia have relapses. Relapses are most frequent in the hypochondriacal form, less so in *melancholia generalis*, and proportionately least frequent in the intellectual form. Relapses generally did not occur before three years; rarely after one or two years; and as a rule there was a longer period, 6, 8, 10, 12 years; exceptionally 26 and 34 years. Repeated relapses were observed 4, 5 and 6 times; in the last cases, 5, 10, 20, 26, and 30 years after the first attack, showing that recoveries may occur after repeated attacks. Relapses usually followed the clinical picture of the first attack, the identical delusions even reappearing. One woman recovered, and after 12 years had general paresis.

Opium, especially morphine subcutaneously, was of most benefit in the intellectual form; it was of no use in the hypochondriacal form, and in many cases even produced an aggravation and increase of the melancholic symptoms.

Die Ueberschätzungsideen der Paranoia. Dr. L. SNELL. Allgem. Zeitsch. f. Psych., Bd. XLVI, H. IV, 1889.

Since 1865, psychiatry has been indebted to Snell for his study on the third great group of psychical diseases, in which he advances the conception of *primäre Verrücktheit*, characterized by ideas of persecution founded on hallucinations and diseased sensations, by which, in contradiction to melancholia the self feeling is an exaggerated one. A further essential symptom of this form of disease is the appearance of delusions with the character of over-importance and ideas of grandeur, which may appear from the beginning, but generally only make themselves important later on, and in addition to the delusions of persecution produce a second series of delusional formations. From the vantage-ground of the one who was first to insist on the *primary* nature of these mental disturbances, it is eminently proper that Snell should review the history of the evolution of his conception into the *Paranoia* of to-day, which he accepts, while at the same time he enters a protest against what seems likely to become a growing evil, the tendency to apply the term to acute and curable cases. Misunderstandings have been brought about, he says, by confusing conditions of acute disease with the delusional formations in Paranoia, while he had only in mind the chronic form, and he claims with justice that all attempts to extend very much the notion of Paranoia have resulted in unclearness, so much the more since the definition of this form of disease in itself already presents so much difficulty. The French alienists have always conceded the primary origin of Paranoia, or at least the possibility of this, while on the other hand they have conceived the ideas of grandeur and the ideas of persecution as two different forms of disease. The later treatment of the subject by the Psychiatric Society of Paris shows, however, that the interdependence of these two symptom groups will be more and more recognized in France. The essential feature of Paranoia, according to Snell's researches, is the formation of delusions based on hallucinations, with the characteristics of injury and persecution. This symptom also remains in existence when the delusional formation with the character of over-importance is bound up with it.

The pure delusion of over-importance, without the delusion of perse-